

STATE OF MAINE

SPEECH-LANGUAGE PATHOLOGY
AND AUDIOLOGY

APPLICATION FOR LICENSURE

- Speech-Language Pathology Assistant



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Email: jennifer.l.mooney@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION GUIDE FOR REGISTRATION AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Please read all the information carefully. If you have any questions, please contact the Board of Examiners on Speech-Language Pathology and Audiology office at (207) 624-8626 or email jennifer.l.mooney@maine.gov

Speech-Language Pathology Assistant. “Speech-Language Pathology Assistants” are those individuals who provide speech services to communicatively handicapped persons as supervised by a Board licensed Speech-Language Pathologist, as provided by 32 MRSA Section 6003(7-A).

Section 6003(7-A). “Speech-language pathology assistant” means an individual who meets minimum qualifications that the board may establish for speech-language pathology assistants, which are less than those qualifications established by this chapter for licensure, but which must include an associate's degree or its equivalent as determined by the board, in the field of communication disorders.

Section 6004(3). Registration must be granted to a person who meets the minimum qualifications for a speech-language assistant established by the board and who is supervised by a licensed speech-language pathologist, as set forth by the board by rule.

APPLICATION PROCEDURE:

- Completed application forms must be submitted for board approval prior to the date of first employment of the Assistant under the supervision of the registering professional.
- All applications are reviewed by the Board. All applicants will be notified in writing as to the disposition of their application.

All applicants for registration as a Speech-Language Pathology Assistants must submit the following:

- ☐ Completed Application for Registration;
- ☐ Criminal History Check fee of \$15.00, checks may be made payable to, “Treasurer, State of Maine”;
- ☐ Documentation of 10 hours of Board approved SLP Supervisory Training**;
- ☐ Documentation demonstrating a minimum of an associates degree (60 credit hours) in a Speech-Language Pathology Assistant training program, or an equivalent course of study with a major emphasis in the area of Speech-Language Pathology. Please refer to Board rules Chapter 4, Section 2(B)(1) for further clarification; and
- ☐ Documentation demonstrating completion of a practicum under the supervision of a Board licensed Speech-Language Pathologist as a SLP Aide or as a student in a regionally accredited training program. Please refer to Board rules Chapter 4, Section 2(B)(2) for further clarification.

**** Please note – Chapter 4, Section 2(C)(6). The registering professional must report in writing to the Board of discontinuance of supervision of a registered Assistant within 30 days of the discontinuance.**



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
**Board of Examiners on Speech-Language
Pathology and Audiology**
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
OFFICE PHONE (207) 624-8626
TTY/HEARING IMPAIRED (888) 577-6690

Office Use Only
License # _____
Cash # _____
Check # _____
4170 2619 \$15

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR REGISTRATION

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

Please check the following:

☐ Speech-Language Pathology Assistant

Please Read Application Guide Prior to Completing this Application.

To Be Completed by the Speech-Language Pathology Assistant			
Name			
Any Other Names Used			
Mailing Address			
City		State	Zip Code
County	Home Telephone		Work Telephone
Social Security #			Date of Birth



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(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

EDUCATION

List the names of all institutions attended, graduation date at each institution, major, and degree awarded (if applicable).

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE AWARDED

To Be Completed by the Speech-Language Pathologist			
Name			
Mailing Address			
City		State	Zip Code
County	Home Telephone	Work Telephone	
Social Security #		License Number	

Please list the names of any other Speech-Language Pathology Assistants currently registered to work under your supervision and number of hours employed per week.

1. _____
2. _____

NOTE:

- Only individuals with a permanent license and at least 2 years post-graduate professional experience and 10 hours of Board-approved training in “the supervisory process” may register and supervise Speech-Language Pathology Assistants.
- Supervising Speech-Language Pathologists are totally responsible for the services provided by their Speech-Language Assistants.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

1. Have you ever been or convicted of, or plead guilty to a crime? ☐ Yes ☐ No
If yes, please list date(s) and crime(s), and submit a copy of the court judgment(s).

Signature of Speech-Language Pathology Assistant

Date

Signature of Licensed Speech-Language Pathologist

Date



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Office Use Only		
License #	_____	
Cash #	_____	
Check #	_____	
4170	2619	\$15

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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